REMARKS

Claims 1-21 are pending in the application and claims 2, 11-13, and 16 are withdrawn by the Office from consideration. Claims 1, 6, 14, and 15 are in independent form. The Office Action rejected claims 1, 3-6, 8-10, 14, and 20 as allegedly being anticipated by U.S. Patent No. 6,086,563 ("Moulton") and claims 1, 3, 5-10, 14, 15, 17, and 19-21 as allegedly being anticipated by U.S. Patent No. 5,562,634 ("Flumene").

Examiner Interview Summary

Applicants wish to express sincere appreciation for the in-office interview granted by Examiners Sirmons and MacNeill and conducted on May 3, 2007. During the interview, the deficiencies of the cited prior art references were discussed, as outlined below.

Brief Summary of the Prior Art References

In order to better understand the distinctions between the claims in the present application and the prior art references, the prior art references will be briefly summarized.

Moulton discloses a needle retraction mechanism with a push start retraction. With reference to Figures 2 and 3 of Moulton, the user can grasp the distal portion of needle cover 50 and pull it so as to move needle hub assembly 40 toward distal end 23 of handle 20. This helps create a vacuum proximal of stopper 45 to bias the needle hub assembly toward a retracted position.

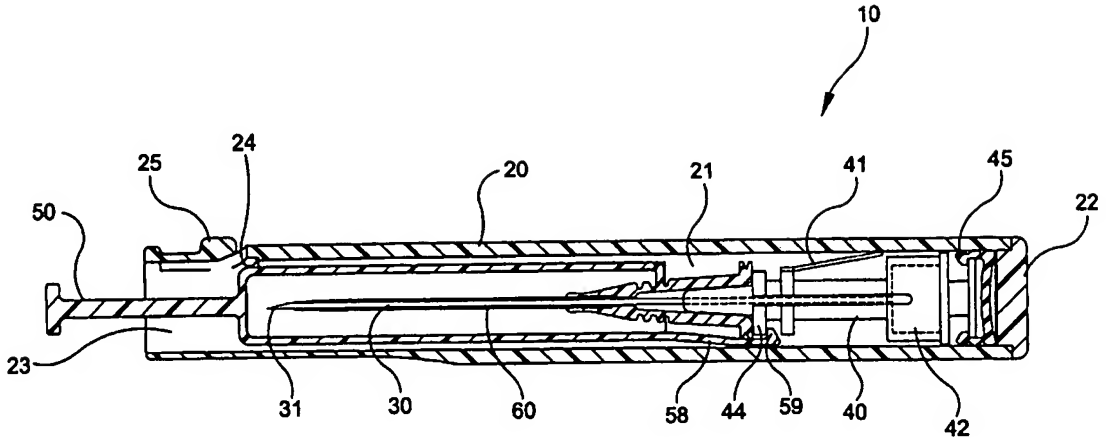


Figure 2 of Moulton

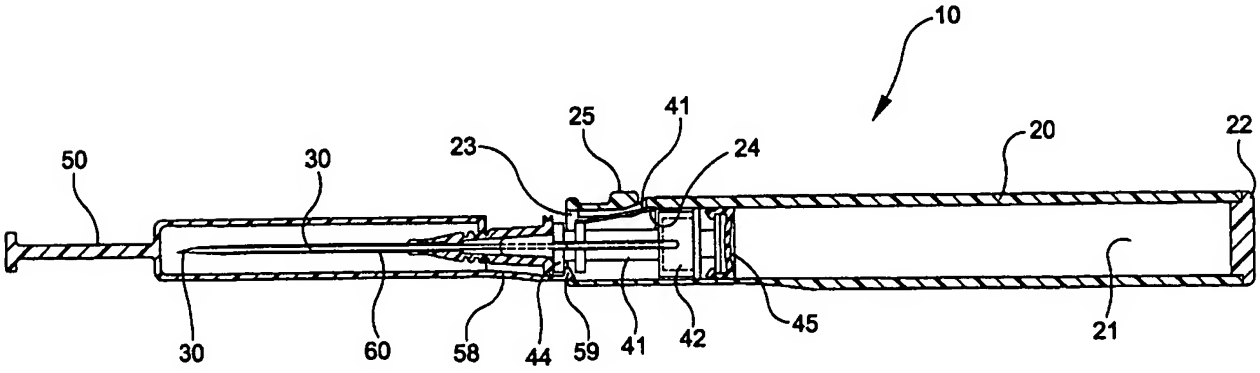


Figure 3 of Moulton

The user can then advance catheter 60 into a blood vessel and withdraw needle 30 from catheter 60. With reference to Figures 5 and 6 of Moulton, the user can depress tab 25 and force arm 41 toward needle hub assembly 40 and out of engagement with distally facing shoulder 24. This allows the vacuum to urge needle hub assembly 40, and thus needle 30, into the retracted position within handle 20.

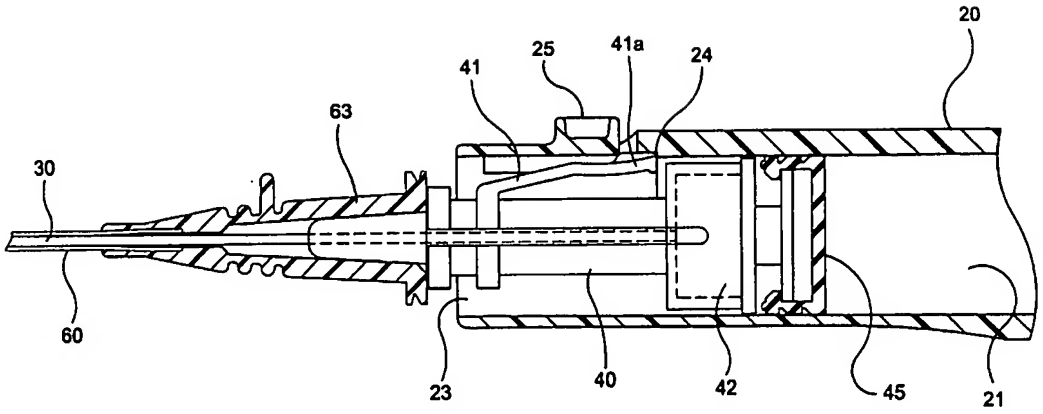


Figure 5 of Moulton

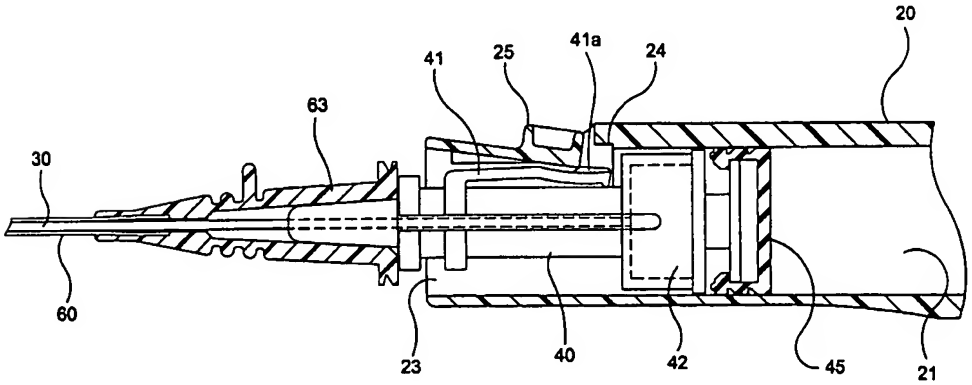


Figure 6 of Moulton

Flumene discloses an intravenous catheter with an automatically retracting needle-guide. Referring to Figures 7 and 8 of Flumene, when the catheter is assembled, the insertion of tip 6 into the frusto-conical wall of cavity 17 (see Figure 2) of the cannula urges the tip components 6b towards each other. This effectively reduces the size of opening 5 (see Figure 2) in tip 6 and causes tip 6 to tightly grip the end 9 of the needle-guide support 7. This prevents retraction of the needle guide by retractor 14.

Thus, the needle-guide is held in the exposed position and the gripping is facilitated by the provision of lip 10 on portion 7a of support 7.

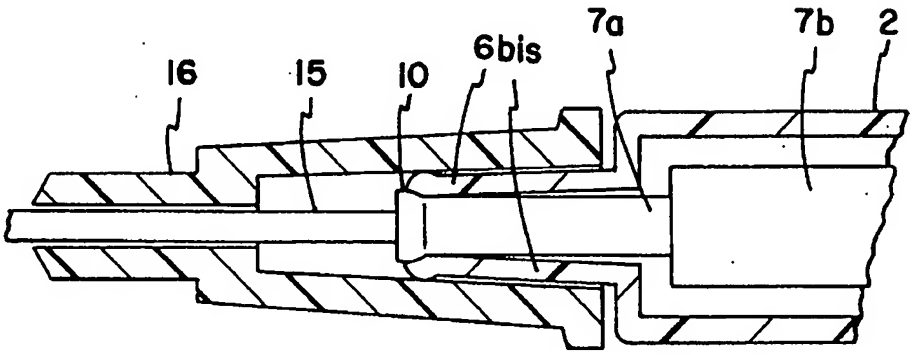


Figure 7 of Flumene

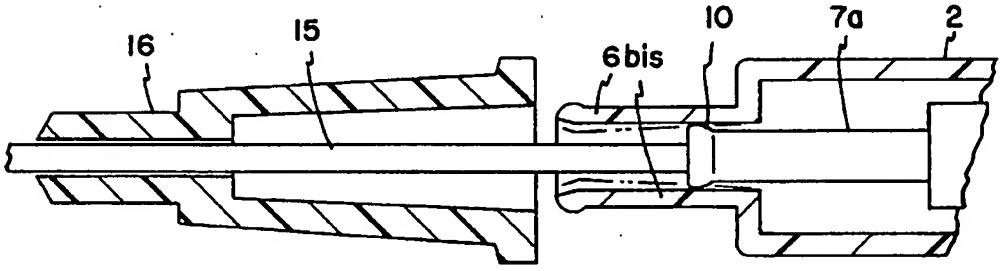


Figure 8 of Flumene

After the needle-guide and cannula have been inserted in the blood vessel of the patient, the needle-guide is removed by pulling on the sheath 2. As the tip 6 is removed from the frusto-conical cavity 17, the resilient tip components 6b move outwardly toward their original positions prior to assembly, thereby effectively increasing the size of the

opening 5 in the tip. When the components move sufficiently to define a diameter which is greater than that of the lip 10 of the support end 9, the obstacle to the force applied by the retractor 14 is removed. Thus, this movement of the tip components permits the support 7 to be withdrawn under the force exerted by the retractor, thereby automatically withdrawing needle-guide 15 to the interior of sheath 2, as shown in Figure 2 of Flumene.

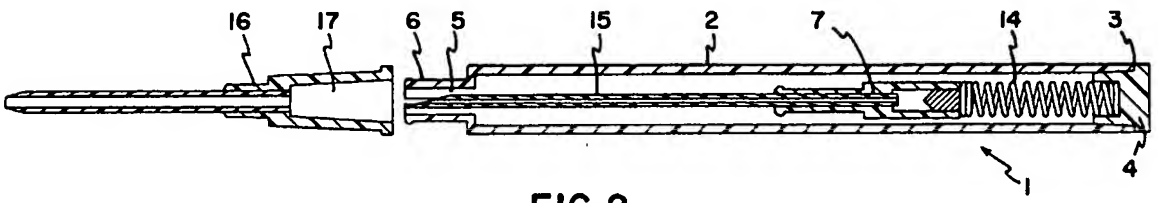


FIG. 2

Figure 2 of Flumene

MOULTON DOES NOT HAVE AN ELONGATED ARM DIRECTLY ENGAGING A CATHETER HUB

Claim 1 was amended to clarify that the needle retainer comprises an elongated arm directly engaging the catheter hub. By way of example, and not limitation, in the present application

> needle retainer 740 is configured similarly to the needle retainer 640 described in the previous embodiment. The needle retainer 740 comprises an elongated resiliently flexible arm fixedly connected with the needle 730. The forward end of the needle retainer projects through an opening at the forward end of the housing adjacent the tip 722. The forward portion 746 of the needle retainer engages the side of the catheter hub 772. Similar to the previous embodiment, the catheter hub 772 wedges the needle retainer arm radially outwardly so that a ridge 745 on the arm engages a lip 724 formed by the opening at the forward end of the housing. Accordingly, when the catheter 770 is removed from the device 710, the needle retainer 740 deflects inwardly to release the

needle 730. The spring then propels the needle rearwardly into the housing 720. As shown in FIG. 27, the housing is elongated so that the entire length of the needle and the flashback chamber is enclosed within the housing in the retracted position.

Present Application, page 25, line 23 through page 26, line 5.

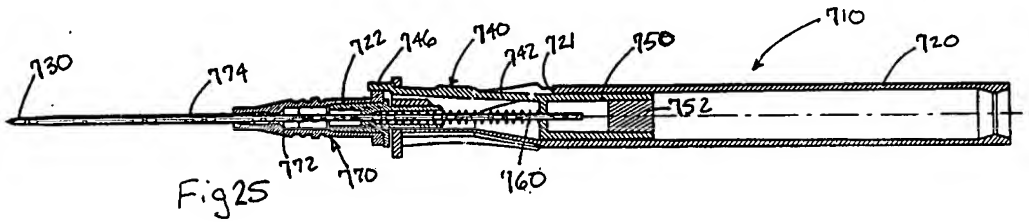


FIG. 25 of the Present Application

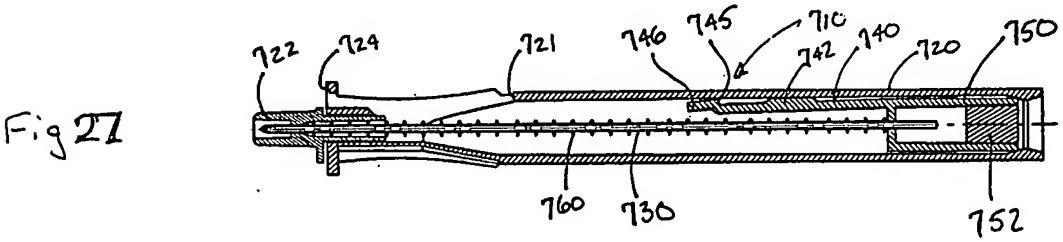


FIG. 27 of the Present Application

As shown in Figures 5 and 6 of Moulton, arm 41 (the alleged elongated arm recited in claim 1) does not engage the catheter at all, let alone the catheter hub 63. For at least this reason, claim 1 and its respective dependent claims are patentable over Moulton. Accordingly, the Applicants respectfully traverse and request withdrawal of the rejection.

FLUMENE LIKEWISE FAILS TO DISCLOSE OR SUGGEST PROVIDING AN ELONGATED ARM DIRECTLY ENGAGING A CATHETER HUB

Claim 1 was also rejected under section 102 as allegedly being anticipated by Flumene. However, Flumene, like Moulton, fails to disclose or suggest providing a needle retainer comprising an elongated arm that directly engages a catheter hub. As shown in Figures 7 and 8 of Flumene, neither portion 7a nor lip 10 (the alleged elongated arm referred to in claim 1) of the support 7 engage the catheter hub. For at least this reason, claim 1 and its respective dependent claims are patentably distinct from Flumene.

Claim 6

Claim 6 was amended to recite providing a needle retainer that is "configured to automatically release the needle upon disengagement of the catheter from the housing." Claim 6 also recites "an exposed surface manually operable to delay retraction of an inserted needle by retaining the needle retainer in the latched position." This combination of features is not taught or suggested by the cited prior art, whether considered individually or in combination.

Claim 14

Claim 14 was amended to recite that "the disengagement of the catheter causes the needle to begin retracting into the housing." Claim 14 also recites "selectively manually engaging the needle retainer to impede retraction of the needle. Again, this

combination of features is not taught or suggested by the cited prior art, whether considered individually or in combination.

Claim 15

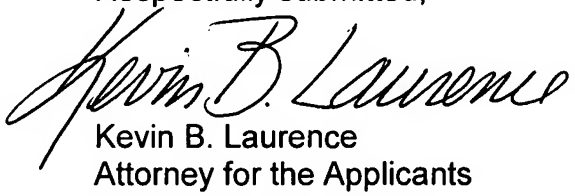
Claim 15 recites that "the needle is released for retraction by disengagement of the elongated arm from the catheter hub." As discussed above, neither of the cited prior art references disclose or suggest an elongated arm that engages a catheter hub. Accordingly, for reasons similar to those set forth above vis-à-vis claim 1, claim 15 is also patentably distinct from the cited prior art.

CONCLUSION

In light of the foregoing, the Applicants believe that this application is in form for immediate allowance. The Examiner is encouraged to contact the Applicants' undersigned attorney if the Examiner believes that any issues remain regarding the allowability of this application.

DATED this 11TH day of May, 2007.

Respectfully submitted,



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